assessment highlighted the neuropsychological profile of each patient. Among the 18 patients, with an average age of 28 years old \([18; 50]\), 10 participated in a 6-month cognitive intervention, aimed at the disorders which were previously identified. A comparative assessment was conducted 9 to 12 months after the first one, in all patients.

Results and discussion The patients mentioned a better functioning in their daily life (awareness of the disorders, etc.). The analysis shows that the performance improved in some areas. A comparative analysis was conducted between the patient group which participated at the cognitive intervention and the group which didn’t.

Keywords Cerebral palsy; Cognitive disorders; Rehabilitation

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

http://dx.doi.org/10.1016/j.rehab.2015.07.318

P066-e

Urinary disorders in children with cerebral palsy sequelae

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Introduction Cerebral palsy is the cause of psychomotor retardation but its consequences are not confined to motor’s acquisitions. The objective of this work is to determine the type of urinary symptoms and their repercussions on the urinary tract in children with cerebral palsy.

Patients and methods Prospective study initially conducted at the general Association of Persons with Motor Deficiencies (AGIM) of Tunisia, having focused on patients monitored for cerebral palsy sequelae in the year 2014. After having the informed consent of the parents, the evaluation involved meticulous neuro-orthopedic and neurological clinical examinations. We used the Gross Motor Function Classification System scale for Cerebral Palsy (GMFCS) to assess the functional abilities of the child. We completed at our institute additional tests if the presence of urinary disorders.

Results Fifty-nine children were included (37 boys). The mean age was 7.05 years. The clinical presentation was spastic tetraparesis in 81% of children and spastic hemiparesis in 15%. The march was possible in 46% of patients. Cleanliness was obtained in 62.5%. The rest was carrying layers without the parents were concerned. Urinary symptoms were present in 60% of patients, type of urinary incontinence in 47%, enuresis in 70%, dysuria in 10%. Urinary ultrasound exam was normal in the majority of patients. Urodynamic exploration has confirmed disorders of continence and evacuation.

Conclusion Urinary problems are common in children with cerebral palsy. This is consistent with the literature. What needs to be considered in the care of these children and educated parents.

Keywords Cerebral palsy; Urinary disorders; Evaluation

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

Further readings


http://dx.doi.org/10.1016/j.rehab.2015.07.319